STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
Scott Harris, M.D., M.P.H. ♦ State Health Officer

BUREAU OF CLINICAL LABORATORIES
Sharon P. Massingale, Ph.D., HCLD(ABB) ♦ Director
Phone: 334-290-6130 Fax: 334-285-6642

CUSTOMER SATISFACTION & FEEDBACK FORM

The Bureau of Clinical Laboratories would like to hear from you! Please complete the information below regarding the service you received from our laboratory. You may submit the form via email or mail at:

Email: clab@adph.state.al.us

Mail: ☐P.O. Box 1000
Prattville, AL 36067-9901

or

☐757 Museum Drive
Mobile, Alabama 36608

Date: Click or tap to enter a date. **Name:**

Phone Contact: **Email:**

Name of facility from which the feedback is being made (if applicable):

Would you like to be contacted regarding your feedback? Yes ☐ No ☐

Place a check or "X" in the box that reflects your opinion regarding our services.

		Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree	Not Applicable
1.	It is easy to do business with your laboratory.	☐	☐	☐	☐	☐
2.	The turn-around time met our expectations.	☐	☐	☐	☐	☐
3.	The tests were performed correctly to our satisfaction.	☐	☐	☐	☐	☐
4.	The quality of the Test Report is acceptable.	☐	☐	☐	☐	☐
5.	The communication and updates you received were prompt.	☐	☐	☐	☐	☐
6.	The communication was courteous.	☐	☐	☐	☐	☐

Thank you for your time.

Additional Feedback:

For internal office use only.

Report reviewed by: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Actions taken (if applicable): Click or tap here to enter text.

Date submitter notified of outcome (if applicable): Click or tap here to enter text.